plication or Oocket Number									
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 © 9/8 5 5 96 9									9
CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMAU TYPE	SMALL ENTITY OTHE				•
TOTAL CLAIMS	22		RAT	E	FEE		RATE	FEE	
FOR	NUMBER FOLED NUMBER EXTRA		BASIC	FEE	355.00	OR	Basic Fee	710.00	
TOTAL CHARGEABLE CLAIMS	22 minus 20=	us 20= · 9		X\$ (-		OR	X\$18=	36
INDEPENDENT CLAIMS	5 minus 3 - 9		X40	=		ÓЯ	X80=	160	
MELLTIPLE DEPENDENT CLAIM PRESENT			+13	; =		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2					AL		OR	TOTAL	900
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					u	ENTITY	OR	OTHER SMALL	• • • • • • • • • • • • • • • • • • • •
CLAIMS REMAINING AFTER AMENDMENT	NUI PREV	MEST MBER NOUSLY D FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AFTER AMENDMENT Total - 2-2 Independent - 5	Minus	22		XS:)=.	\geq	OA	X\$18=	
Independent • 5	Minus •••	<u>`</u> `.	<u> </u>	X4t	=		OR	· X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					5=		OR	+270=	
					YAL		OR	ADDIT, FEE	
10-29-04 Cotumn 1) (Cotumn 2) (Cotumn 3)									
CLAIMS REMAINING	NU PRE	HEST MBER MOUSLY D FOR	PREBENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total	Minus •• c	Σ	= /	· X\$	9-3	1	OR	X\$18=	,
Independent • S	Minus	\$	<u> - </u>	X40)≖		ОЯ	X80-	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					5=	17	OR	+2/10-	
011	•		•	ADDIT.	FEE]OA	ADDIT, FEE	
4 2 05 (Column !)		umn 2)	(Column 3)	. <u> </u>			_		
CLAIMS REMAINING AFTER AMENOMENT	NL PRE	SHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA	RA	ſΕ	ADDI- TIONAL FCE		RATE	ADDI- TIONA FEE
Total · 22	Minus	22	=	X\$	9-		OR	X\$18⇒	
E Hambergern 1.	Minus •••	<u>a</u>	<u> -</u>	X4)= 		OR	X80⇒	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					5=		ОЯ	070	
The state of the s					SYAL FEE		ОР	ADDIT. FEE	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. FORM PTO-475 (Rev. 800)									